FORM D

Notice of Exempt Offering of Securities



Washington, DC 20549

(See instructions beginning on page 5) Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

OMB Number: 3235-0076 Expires: November 30, 2008

Estimated average burden

hours per response: 4.00

Item 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	☐ None	. Entity Type (Select one)
NewLineNoosh, Inc.	Noosh, Inc.		Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
Delaware		55000000	Limited Liability Company
<u> </u>		PROCESS	General Partnership
Year of Incorporation/Organization (Select one)		FED A 6 20	Business Trust
Over Five Years Ago Within Last Five	Years	- 1 ED U 0 Z0	Other (Specify)
(specify year		et to Be Formed	FPS
(If more than one issuer is filing this notice,	check this box 🔲 and iden	ntify additional issuer(s) by	vattaching Items 1 and 2 Continuation Page(s).
Item 2. Principal Place of Business	and Contact Informati	on	
Street Address 1		Street Address 2	
1300 Island Drive		Suite 201	
City	State/Province/Country	ZIP/Postal Code	Phone No.
Redwood City	California	94065	650.637.6000
Item 3. Related Persons			
Last Name	First Name		Middle Name
Ben-Shachar	Ofer		
Street Address 1		Street Address 2	
1300 Island Drive		Suite 201	
City	State/Province/Country	ZIP/Postal Code	Section 1981
Redwood City	California	94065	
		94003) 1884, AND 1844 AND 1844 AND 1845 AND 1848 AND 1848 AND 1848
Relationship(s):	Director Promoter		09002145
Clarification of Response (if Necessary)			
(Ident	ify additional related persor	ns by checking this box	and attaching Item 3 Continuation Page(s).)
Item 4. Industry Group (Select	one)		
Agriculture	Business	Services	Construction
Banking and Financial Services	Energy		REITS & Finance
Commercial Banking	Elec	tric Utilities	Residential
Insurance	Ener	rgy Conservation	Other Real Estate
☐ Investing ☐ Investment Banking	Coal	l Mining	Retailing
Pooled Investment Fund	Envi	ironmental Services	Restaurants
_	· · · · · · · · · · · · · · · · · · ·	k Gas	Technology
If selecting this industry group, also sele type below and answer the question bel		er Energy	Computers
Hedge Fund	Health C		Telecommunications Other Technology
Private Equity Fund	_	echnology	
Venture Capital Fund	=	Ith Insurance	Travel Airlines & Airports
Other Investment Fund	Phar	pitals & Physicians maceuticals	Airlines & Airports Lodging & Conventions
Is the issuer registered as an inve company under the Investment Co	stment	er Health Care	Tourism & Travel Services
Act of 1940? Yes No	Manufact		Other Travel
Other Banking & Financial Services	Real Esta		Other

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in				
	OR Item 4 above)				
No Revenues	No Aggregate Net Asset Value				
\$1-\$1,000,000	\$1 - \$5 ,000,000				
\$1,000,001-\$5,000,000	\$5,000,001 - \$25,000,000				
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000				
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000				
Over \$100,000,000	Over \$100,000,000				
Decline to Disclose	Decline to Disclose				
Not Applicable	Not Applicable				
Not Applicable	L. Not Applicable				
Item 6. Federal Exemptions and Exclusions C	aimed (Select all that apply)				
	stment Company Act Section 3(c)				
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)				
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)				
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)				
Rule504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)				
Rule 505	Section 3(c)(5) Section 3(c)(13)				
Rule 506					
Securities Act Section 4(6)	Section 3(c)(6) Section 3(c)(14)				
- Coolines Fior Section 4(0)	Section 3(c)(7)				
Item 7. Type of Filing					
New Notice OR Amendment					
Date of First Sale in this Offering: 12/18/08 OR ☐ First Sale Yet to Occur					
Item 8. Duration of Offering					
Does the issuer intend this offering to last more than	ı one year? ☐ Yes ☒ No				
Item 9. Type(s) of Securities Offered (Select al	I that apply)				
☐ Equity	☐ Pooled Investment Fund Interests				
□ Debt □	☐ Tenant-in-Common Securities				
_	Mineral Property Securities				
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)				
 Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security 					
Item 10. Business Combination Transaction					
Is this offering being made in connection with a business of transaction, such as a merger, acquisition or exchange of					
Clarification of Response (if Necessary)					

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Item 11. Minimum Investment

Minimum investment accepted from	any outside	e investor \$	n/a				
Item 12. Sales Compensation			L				
Recipient			Recipient CRD N	lumber			
n/a						□ No	CRD Number
(Associated) Broker or Dealer	None		(Associated) Bro	ker or Dealer	CRD Numb	er	
						No	CRD Number
Street Address 1		i	Street Address 2	2			
				-			
City		State/Province/0	Country Z	IP/Postal Code	e		
States of Solicitation All States AL AK AZ AR IL IN IA KS MT NE NV NH RI SC SD TN (Identify additional per	CA KY NJ TX	LA NM UT UT	CT DE ME MD NY NC VT VA on by checking the	DC MA	FL [MI [OH [WV [ми	HI
Item 13. Offering and Sales Ar		, para sampansa		55%		, 113.11 12 03.14.	nadaon / ago(a).)
(a) Total Offering Amount	\$		4,49	8,400.00	OR	Indefinite	•
(b) Total Amount Sold	\$		2,65	55,533.43			
(c) Total Remaining to be Sold (Subtract (a) from (b))	\$		1,84	12,866.57	OR	☐ Indefinite	÷
Clarification of Response (if Necessary)							
Item 14. Investors		•					
Check this box if securities in the	offering have	been or may be	sold to persons w	ho do not qua	alify as acc	redited investo	rs, and enter the
number of such non-accredited invest	ors who alre	ady have invested	in the offering:				
Enter the total number of investors wh	o already ha	ave invested in the	e offering:	16			
ltem 15. Sales Commissions a	nd Finde	rs' Fees Exp	enses				
Provide separately the amounts of sal check the box next to the amount.	es commiss	ions and finders' f	ees expenses, if a	any. If an amo	ount is not	known, provide	an estimate and
· · · ·		Sa	les Commissions	s \$,	n/a 🔲	Estimate
			Finders' Fee	s \$		n/a 🗆	Estimate
Clarification of Response (if Necessary)							
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tem 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as executive	
irectors or promoters in response to Item 3 above. If the amount is ur stimate and check the box next to the amount.	<u></u>
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the T	Ferms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each identif	fied issuer is:
the State in which the issuer maintains its principal place of bu process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in an against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the s provisions of: (i) the Securities Act of 1933, the Securities Exch Company Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of business.	EC and the Securities Administrator or other legally designated officer of siness and any State in which this notice is filed, as its agents for service of on its behalf, of any notice, process or pleading, and further agreeing that my Federal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the mange Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requirecovered securities" for purposes of NSMIA, whether in all instances of NSMIA.	ional Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, uire information. As a result, if the securities that are the subject of this Form D are or due to the nature of the offering that is the subject of this Form D, States cannot and can require offering materials only to the extent NSMIA permits them to do
	to be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
NewLineNoosh, Inc.	Ofer Ben-Shachar
Signature	Title
Ober Bur Shachar	Chief Executive Officer
	Date
Number of continuation pages attached: 2	1-14-09

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name		
Faucetta Sr.	Peter				
Street Address 1		Street Address 2			
1300 Island Drive		Suite 201			
City	State/Province/Country	ZIP/Postal Code			
Redwood City			94065		
Relationship(s): Executive Officer	☑ Director ☐ Promoter				
Clarification of Response (if Necessary)					
Last Name	First Name		Middle Name		
Patterson	Arthur				
Street Address 1		Street Address 2			
c/o Accell VIII L.P.		428 University Avenue			
City	State/Province/Country	ZIP/Postal Code			
Palo Alto	California	94301			
Relationship(s): Executive Officer	□ Promoter				
Clarification of Response (if Necessary)			7		
Last Name	First Name		Middle Name		
Zamboldi					
Zambolu	Richard				
Street Address 1	Richard	Street Address 2			
	Richard	Street Address 2 428 University Avenue			
Street Address 1	Richard State/Province/Country				
Street Address 1 c/o Accell VIII L.P.		428 University Avenue	,		
Street Address 1 c/o Accell VIII L.P. City	State/Province/Country	428 University Avenue ZIP/Postal Code			
Street Address 1 c/o Accell VIII L.P. City Palo Alto	State/Province/Country California	428 University Avenue ZIP/Postal Code			
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s): Executive Officer	State/Province/Country California	428 University Avenue ZIP/Postal Code			
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s): Executive Officer	State/Province/Country California	428 University Avenue ZIP/Postal Code 94301	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter	428 University Avenue ZIP/Postal Code	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter First Name	428 University Avenue ZIP/Postal Code 94301 Street Address 2	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter First Name Dave	428 University Avenue ZIP/Postal Code 94301 Street Address 2 Suite 201	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter First Name Dave State/Province/Country	428 University Avenue ZIP/Postal Code 94301 Street Address 2 Suite 201 ZIP/Postal Code	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter First Name Dave	428 University Avenue ZIP/Postal Code 94301 Street Address 2 Suite 201	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter First Name Dave State/Province/Country	428 University Avenue ZIP/Postal Code 94301 Street Address 2 Suite 201 ZIP/Postal Code	Middle Name		
Street Address 1 c/o Accell VIII L.P. City Palo Alto Relationship(s):	State/Province/Country California Director Promoter First Name Dave State/Province/Country California	428 University Avenue ZIP/Postal Code 94301 Street Address 2 Suite 201 ZIP/Postal Code	Middle Name		

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	:	First Name		Middle Name
Yossi		David		
Street Address 1	,		Street Address 2	
1300 Island Dr	ive		Suite 201	,
City		State/Province/Country	ZIP/Postal Code	
Redwood City	Redwood City California		94065	
Relationship(s):	Executive Officer	☐ Director ☐ Promoter		
Clarification of Res	ponse (if Necessary)			
Last Name		First Name		Middle Name
		· · ·		
Street Address 1			Street Address 2	
City	,	State/Province/Country	ZIP/Postal Code	
Relationship(s):	Executive Officer	☐ Director ☐ Promoter		
	ponse (if Necessary)			· · · · · · · · · · · · · · · · · · ·
Last Name		First Name		Middle Name
Street Address 1			Street Address 2	
City		State/Province/Country	ZIP/Postal Code	
	·			
Relationship(s):	Executive Officer	☐ Director ☐ Promoter		
Clarification of Res	ponse (if Necessary)			
Last Name		First Name		Middle Name
				,
Street Address 1			Street Address 2	
City		State/Province/Country	ZIP/Postal Code	
Relationship(s):	Executive Officer	☐ Director ☐ Promoter		
	ponse (if Necessary)			
Claimeauon of res	ponde (ir Necessaly)			

